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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/727,248
	Filing Date	December 3, 2003
	First Named Inventor	James M. Cicchiello
	Art Unit	2877
	Examiner Name	Richard E. Hanig
Total Number of Pages in This Submission	Attorney Docket Number	NORTE-510A

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Certificate of Mailing and Return Postcard.
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Bruce B. Brunda
Signature	STETINA BRUNDA GARRED & BRUCKER - Customer No. 007663
Date	March 1, 2005

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	Dawn A. Privett		
Signature		Date	March 1, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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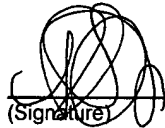
ATTORNEY DOCKET NO: NORTE-510A  
TITLE: ELECTRONICALLY MODULATED PRISM

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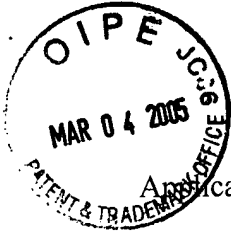
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1. Amendment (of 11 pages);
2. Transmittal Form;
3. Certificate of Mailing; and
4. Return Postcard

Application No.: 10/727,248  
Response to Office Action of 02/09/2005  
Attorney Docket: Norte-510A



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants:	James M. Cicchiello	)	Confirmation No.	5411
		)		
Serial No.:	10/727,248	)	Art Unit:	2873
		)		
Filed:	12/03/2003	)	Examiner:	HANIG,
		)		RICHARD E
For:	ELECTRONICALLY MODULATED	)		
	PRISM	)		

**RESPONSE TO OFFICE ACTION**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of February 09, 2005, please amend the above-identified application as follows: